

<b>FREE TRANSMITTAL</b> For FY 2005 <b>MAIL STOP</b>		Complete If Known	
		Application No.	09/000,824
		Filing Date	December 30, 1997
		First Named Inventor	Jayantha AMARASEKERA
		Examiner Name	C. Caixia Lu, Ph.D.
		Art Unit	1713
		Attorney Docket No.	41980.002004

☐ Applicant claims small entity status. See 37 CFR 1.27

Total Amount Of (\$)	1,520.00
Payment	

**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number **50-0206**    **LLP**

 Deposit Account Name : **Hunton & Williams**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below.

☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments.

**FEE CALCULATION**
**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee(\$)	Small Entity Fee (\$)	Fee(\$)	Small Entity Fee (\$)	Fee(\$)	Small Entity Fee (\$)	
Utility	300.00	150.00	500.00	250.00	200.00	100.00	
Design	200.00	100.00	100.00	50.00	130.00	65.00	
Plant	200.00	100.00	300.00	150.00	160.00	80.00	
Reissue	300.00	150.00	500.00	250.00	600.00	300.00	
Provisional	200.00	100.00	0.00	0.00	0.00	0.00	

**2. EXCESS CLAIMS FEES**

For	Number Present	Highest Number Paid For	Extra	Fees (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Total Claims		20	0 x	50.00	25.00	
Independent Claims		3	0 x	200.00	100.00	
Multiple Dependent Claim				360.00	180.00	
Total Excess Claims Fees						

**3. APPLICATION SIZE FEE** (if the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).)

Total Sheets	Extra Sheets	No. of Each Additional 50 or Fraction Thereof	Fees (\$)	Small Entity Fee (\$)	Fees Paid (\$)
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x	250.00	125.00	

**4. OTHER FEE(S)**

- |  |                 |  |
|--|-----------------|--|
| <input checked="" type="checkbox"/> <b>Three Month Extension of Time</b> | <b>1,020.00</b> | <input type="checkbox"/> Petition to Commissioner                      |
| <input type="checkbox"/> Submission of Information Disclosure Statement  |                 | <input type="checkbox"/> Petition to Revive (Unavoidable)              |
| <input type="checkbox"/> Notice of Appeal                                |                 | <input type="checkbox"/> Petition to Revive (Unintentional)            |
| <input type="checkbox"/> Request for Oral Hearing                        |                 | <input type="checkbox"/> Petitions Related to Provisional Applications |
| <input checked="" type="checkbox"/> Filing Brief in Support of Appeal    | <b>500.00</b>   | <input type="checkbox"/> Recording Each Patent Assignment Per Property |
| <input type="checkbox"/> Filing Submission After Final Rejection         |                 | <input type="checkbox"/> Other (specify) _____                         |

**SUBMITTED BY**

Signature	<i>Scott F. Yarnell</i>	Registration No.	45,245	Telephone	(703) 714 -7400
Typed or Printed Name	Scott F. Yarnell	Date	November 1, 2005		